



OFFICE USE ONLY

Case Number: _____

**MORGAN STATE UNIVERSITY
OFFICE OF DIVERSITY, EEO, & TITLE IX
DISCRIMINATION COMPLAINT FORM**

COMPLETED FORM SHOULD BE RETURNED TO:
OFFICE OF DIVERSITY & EEO,
Tyler Hall, Room 503
1700 E. COLD SPRING LANE, BALTIMORE, MD, 21251
tara.berrien@morgan.edu

PLEASE COMPLETE THE FOLLOWING:

Name: _____

Preferred Name: _____

{Identify the name you would like us to use when working with you}

Pronouns of Use: He/Him/His She/Her/Hers

They/Them/Theirs *{Specify}* _____

Status {Please check one}: Faculty Staff Student Other/External

EMAIL ADDRESS _____

Address:

City: _____ **State:** _____

Zip Code: _____

Home/Cell Phone: _____



Work Telephone: _____

Preferred Method of Contact: Email Home / Cellphone Work Phone

Preferred Time of Contact No Preference 9am-6pm After 6pm

Student ID: _____

Job Title/Student Classification:

Work Unit/Department:

Supervisor: _____

Supervisor's Job Title: _____

WHAT IS THE BASIS OF YOUR COMPLAINT? (CHECK ALL THAT APPLY)

Age Color Disability Gender Identity

Genetic Information Marital Status National Origin Race

Religion Retaliation Sex (includes Pregnancy)

Sexual Orientation Veteran Status Other _____



WHAT IS THE ISSUE ASSOCIATED WITH YOUR COMPLAINT? (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Compensation | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Discharge/Termination | <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Failure to accommodate |
| <input type="checkbox"/> Failure to Hire/Non-selection | <input type="checkbox"/> Grading | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Hostile Environment | <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Work/School Conditions | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Domestic/Dating Violence | <input type="checkbox"/> Stalking | <input type="checkbox"/> Sexual Coercion |
| <input type="checkbox"/> Sexual Intimidation | <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Other _____ |

WHO DO YOU ALLEGE DISCRIMINATED AGAINST YOU (RESPONDENT)?

NAME	JOB TITLE / STUDENT CLASSIFICATION

WHEN DID THE ALLEGED DISCRIMINATION OCCUR?



LIST ALL WITNESSES TO THE INCIDENTS YOU DESCRIBED:

Name	Email Address	Phone Number

**HAVE EFFORTS BEEN MADE TO RESOLVE THIS COMPLAINT WITH A SUPERVISOR OR UNIVERSITY OFFICIAL?
(This is not necessary before filing a complaint)**

Yes No

IF YES, PLEASE INDICATE THE INDIVIDUAL(S), DATE OF COMPLAINT, AND THE STATUS OF THE COMPLAINT.



WHAT IS YOUR REQUESTED REMEDY (WHAT CORRECTIVE ACTION DO YOU BELIEVE WOULD ADDRESS YOUR COMPLAINT)?

HAVE YOU FILED A PREVIOUS COMPLAINT REGARDING THIS MATTER? Yes No IF SO, PLEASE DESCRIBE WHEN YOU FILED THE COMPLAINT AND THE STATUS OF THE COMPLAINT.

WHERE DID YOU FILE THIS COMPLAINT?

MORGAN U.S. EEOC MCCR OCR Other _____

[Only for Complaints filed under the University's Sexual Harassment and Prohibited Conduct Policy]

DO YOU HAVE AN ADVOCATE/REPRESENTATIVE? Yes No IF SO, PLEASE PROVIDE THE INDIVIDUAL'S NAME AND CONTACT INFORMATION.

IS YOUR ADVOCATE/REPRESENTATIVE AN ATTORNEY? Yes No



AFFIRMATION

I affirm that I have read the above complaint and that the information contained in this complaint is true and accurate to the best of my knowledge, information and belief. I am willing to fully cooperate in the EEO and/or Title IX investigation process and will provide whatever information and evidence that may be requested of me.

Also, I acknowledge my obligation to immediately notify the Office of Diversity, EEO, and Title IX of any changes relative to my contact information (e.g. address, telephone numbers, email address) during the investigation process.

Signature	Date



**NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT
WITH A CIVIL RIGHTS ENFORCEMENT AGENCY**

An individual who believes they have experienced discrimination has a right to file a formal complaint with a State or federal civil rights enforcement agency. ***A person does not give up this right when they file a complaint with the University's Office of Diversity, EEO, and Title IX.***

The following State and federal agencies enforce laws against discrimination:

Maryland Commission on Civil Rights (MCCR)

6 St. Paul Street, 9th Floor, Baltimore, Maryland 21202
Phone: 410-767-8600

U. S. Equal Employment Opportunity Commission (EEOC)

G.H. Fallon Federal Building 31 Hopkins Plaza, Suite 1432, Baltimore, Maryland 21201
Phone: 410-962-3932

U.S. Department of Education, Office for Civil Rights (OCR)

The Wanamaker Building, 100 Penn Square East, Suite 515
Philadelphia, PA 19107-3323
Phone: 215-656-8541

The following statutory time periods for the timely filing of a charge of discrimination apply: (time period is measured from the date of occurrence of a discriminatory action):

1. **Maryland Commission on Civil Rights** – 2 years
(Title 20, Subtitle 6, State Government Article,
Annotated Code of Maryland)
2. **U.S. Equal Employment Opportunity Commission** – 300 days
3. **U.S. Department of Education, Office for Civil Rights** – 180 days

Confidentiality – Information obtained as part of an investigation is confidential and disclosure of any investigatory information is subject to the provisions of Title 10, Subtitle 6 of the State Government Article, Annotated Code of Maryland.



AFFIRMATION

I affirm that I have read the above notice concerning my rights to file a complaint with a federal, state, or local civil rights enforcement agency at any time before or after I file an internal complaint with the Morgan State University Office of Diversity, EEO, and Title IX, and that I am aware of the filing deadlines for those agencies.

Signature	Date

{Please retain a copy for your records}